

DIRECTOR'S **ANNUAL** STUDENT MEMBERSHIP/ATTENDANCE REPORT

District Name _____ District No. |____|____|____| Date _____

Prepared By _____ Phone () _____ - _____ Date Beginning ____/____/____/ Date Ending ____/____/____

School Name _____ **School Number** _____ **No. of Days in Session*** _____

Grade	Net Enrollment to Date			End of Year Membership	Average Daily Attendance	Average Daily Membership
	Male	Female	TOTAL			
K						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
K-12						
N**						
TOTAL K-12, N						

NOTE: *If Number of Days in Session is < 180 days, indicate the number of full days made-up by extending the school day _____. Did you *Stockpile*? __Yes __No

 **Grade 'N' = Special Education children in Comprehensive Development Classes - Options 7, 8, and 9.

SEND TO: Membership/Attendance Report, Research & Information Services, 6th Floor, Andrew Johnson Tower, 710 James Robertson Parkway, Nashville, TN 37243-0381

DUE DATE: JULY 1

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